

For your



BENEFIT

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Mitt Romney, Governor

Robert W. Hungate, Chairman

Dolores L. Mitchell, Executive Director

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GROUP INSURANCE COMMISSION

*Providing Massachusetts State
Employees, Retirees, and Their
Dependents with Access to
Quality Care at
Reasonable Costs*

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ACTIVE EMPLOYEES

**Be Sure to Bring Home This
Newsletter. Your family's input
and knowledge is important to
your health and well being.**

Employee Premium Contribution Change



The FY04 budget approved by the legislature and signed by the Governor made changes to **active employees'** basic life and health premium contributions.

- ◆ Employees with salaries of \$35,000 or more now pay 20% of their monthly basic life and health insurance premium. Employees earning less than \$35,000 continue to pay 15% of the monthly basic life and health premium.
- ◆ New employees hired after June 30, 2003, regardless of salary, pay 25% of their monthly basic life and health insurance premium

Employees affected by this change saw a change in their premium deduction in their August paycheck (for the September 1, 2003 premium). The premium contribution was based on July 1, 2003 salary information provided to the GIC. The GIC will update salary information on an annual basis.

Retiree premium percentages will remain unchanged, either 10% or 15%, depending on when they retired: 10% on or after July 1, 1994, 15% after July 1, 1994. New retirees will pay 15% of the basic life and health insurance premium.

For a complete list of premiums by GIC plan and enrollee status, see our web site: www.mass.gov/gic.

Sandwiched! Managing Caregiver Stress



Nearly one out of every four households is involved in taking care of an elderly relative, according to a National Alliance of Caregiving and AARP study. If you are one of the people providing care, you know firsthand the multiple challenges involved. According to the study, most caregivers are the children of the elderly relative (usually the daughter), have children of their own, and work. Putting it all together successfully, while taking care of yourself, can seem impossible.

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Care provided by family and friends would cost nearly \$200 billion a year if it were provided by paid caregivers, according to the journal *Health Affairs*. Caregiving can take a toll on the caregiver's emotional well-being and job performance. Squeezing in an average of 20 hours per week for a period of 4.5 years to take care of an elderly relative may seem nearly impossible with other family and work obligations. Many caregivers make frequent work sacrifices, such as arriving late, leaving early, taking sick or vacation time to attend to the elderly relative. Additionally, caregivers are six times as likely to become depressed from the emotional and physical toll.

Assess Needs and Research Options

Your relative may not be eating properly, getting groceries, taking medications, paying bills, washing clothes or cleaning the house. Instead of jumping in and doing all these things for your relative, research assistance options. Contact the National Eldercare Locator to find services in your relative's community: 1-800-677-1116, www.eldercare.gov. If your relative lives in Massachusetts, contact the Executive Office of Elder Affairs: www.800ageinfo.com, 1-800-AGE-INFO. If you do not live close by and can afford it, consider employing the services of an elder care manager who can assess service needs, arrange for in-home services and provide counseling and support.

When you call prospective providers to schedule an appointment, ask about the services they provide, the application process, waiting lists, fees and minimum hour requirements. Determine whether you will need to provide any documents. Gather your relative's Social Security Number, physicians' phone numbers, and insurance policy numbers. Also be sure to contact your relative's health insurance company to see what services might be covered and provider network information.

The next step is to gently discuss outside help with your relative. Accepting help can be a blow to your relative's self-esteem according to United Behavioral Health. They suggest using "I" messages, such as "I'm concerned about your safety" to deflect defensiveness. If your relative resists accepting help, try to discover the root cause of their resistance. Is it cost? Does he/she view this help as a loss of control? Are the options overwhelming? Try to address the concerns, or come back to the conversation another day. It is important that your relative understand that you cannot provide 24-hour care, and that his/her safety may be jeopardized if he/she refuses outside help. Once your relative is

willing to accept outside help, schedule an appointment with the provider when you can be present to participate in determining the best plan of action.

Proactively Avoid Pitfalls

When at your relative's home, take a look around for potential dangers. If your relative has vision or mobility issues, pay particular attention to risks for falls. Install high wattage bulbs, nightlights, and light timers for better visibility. Remove throw rugs or non-sturdy furniture. Install handrails and nonskid strips in bathtubs and showers. Encourage your relative to exercise under the direction of a physician. Spend time with your relative not in the caregiver/recipient role, but instead as parent/child. These good times will help you ride the rough times of caregiving.

Take Care of Yourself

When you are a caregiver, the last thing you feel you have time for is yourself. However, this has to be your first priority. If you fail to take care of yourself, you could jeopardize your health or burnout. Schedule time for exercising and sleeping. Even a small amount of exercise every day can help you handle anxiety and stress. Pursue activities you enjoy – meeting a friend for lunch, listening to music, going to a movie, and playing a sport. Watch what you eat and drink lots of water. Seek help from others, even if your relative objects.

Take advantage of the many resources available. The Family Caregiver Alliance provides news, support groups and online consultations for caregivers: www.caregiver.org. The AARP Caregivers Circle provides a chat board where caregivers can share helpful tips and strategies: www.aarp.org.

All GIC enrollees have access to LifeBalance®, offering telephonic and web-based assistance. Members of the Indemnity Plan, PLUS Plan, and PPO can access United Behavioral Health's comprehensive resources. (See page 7 for contact information.)

If you are exhibiting any of the following symptoms, do not delay contacting your health plan (HMOs) or United Behavioral Health (Indemnity, PLUS, and PPO) for help: feelings of hopelessness, guilt or worthlessness, loss of interest in hobbies you once enjoyed, insomnia or oversleeping, loss of weight or overeating, decreased energy, thoughts of suicide, and/or persistent physical symptoms that do not respond to treatment.

End Stage Renal Disease

What it is, How to Avoid it, and Living with it

Healthy kidneys clean your blood by removing excess fluid, minerals and wastes, disposing them in the urine. Kidneys also make hormones and balance chemicals in your system. When kidneys lose their ability to do their job, toxins and fluid build up in the blood. With acute kidney failure, there is a sudden loss of kidney function. Although serious, when caught and treated, most people can recover from it.

Unlike acute kidney failure, End Stage Renal Disease (ESRD) is a permanent condition. When a person has end-stage kidney, or renal disease, the patient's kidney works at less than 10% of normal, and he or she cannot live without dialysis or a kidney transplant. A person with End Stage Renal Disease will need dialysis, an artificial means to clean the blood, to survive until a donor kidney becomes available.

Symptoms of kidney disease can occur over time. Those with kidney disease may not notice that the amount of urine produced in a day has decreased. Persons with the disease may feel tired, nauseated, and not hungry. As the disease progresses, symptoms increase in severity with leg swelling, headaches, vomiting, and shortness of breath. Do not wait to call your doctor or go to a hospital if you believe you might have kidney failure.

People with diabetes or hypertension (high blood pressure) have the highest risk for developing kidney disease. People suffering from either of these diseases need to stay on top of their prescribed tests, medications, and lifestyle changes to guard against getting kidney disease. Lifestyle changes for these conditions usually include exercise, maintaining a healthy weight, and eating sensibly.

"Along with blood pressure checks at every visit, you and your physician should monitor how well your kidneys are functioning," says Dr. Joseph Roduazzo, Tufts Health Plan Medical Director of Pharmacy Services. "This can be

done by having a simple urine test, called microalbumin, every year. A microalbumin test can detect whether the filters in your kidneys are starting to fail. If this condition is diagnosed in the early stages, it can be treated," he says.

If you have been diagnosed with kidney disease, your doctor will work with you to minimize progression of the disease. Depending on your condition and treatment, you may need to work with a dietician to modify your diet, increasing or decreasing protein, salt and fluid intake. Your doctor will carefully review your medications to determine whether they may be affecting kidney function. As with all serious illnesses, it is important to follow your doctor's orders carefully.

If you have End Stage Renal Disease, dialysis and/or a kidney transplant are the treatments available. It is important to comply with the dialysis dose and frequency exchanges prescribed by your medical team. Keep in mind that a kidney transplant may not be available, or you might not be a good candidate for a transplant. For additional information about dialysis and kidney transplants, contact the National Institutes of Health (www.niddk.nih.gov) or the National Kidney Foundation (www.kidney.org). Enrollees with ESRD, regardless of age, may be eligible for Medicare benefits. Contact your local Social Security Administration office for details.

Members of the Commonwealth PPO and Tufts Health Plan HMO have access to the Tufts End Stage Renal Disease (ESRD) Program, provided by Renaissance Health Care, Inc. Members diagnosed with End Stage Renal Disease can take advantage of an ESRD nurse care coordinator, who will work with you to reduce hospitalizations and emergency complications from ESRD. The care coordinator, available 24-hours a day, helps affected members coordinate provider care, find community resources, and answer questions to help members stay healthy.



Smile! Indicators of a Good Dental Visit



Cavities and periodontal (gum and bone) disease are the most common dental problems. Both are caused by bacteria and can be prevented from progressing by good oral care and regular dental visits. If your dentist and hygienist complete the following at every preventive visit, you can be assured that they are looking out for your smile and well-being:

- ◆ Discuss your medical history, including current

- ◆ medications, smoking status and oral hygiene habits
- ◆ Discuss whether x-rays are needed to determine if there are cavities between the teeth and to look at the bone surrounding the teeth. A loss of bone is an indication of periodontal disease. Keep in mind that x-rays are not always necessary at every visit and x-rays should be limited.

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Fever, Sore Throat, Muscle Aches of Flu Can Lead to Serious Complications High Risk Enrollees – Get Your Flu Vaccine!

Whether you are in a store, on the train, at the movies, or at home with loved ones this fall and winter, you could be exposed to this year's strain of influenza (the flu). For most, flu is an unpleasant inconvenience with symptoms ranging from headaches to fever and chills and a sore throat. However, especially for the elderly and other high-risk individuals, the flu can be deadly. An average of 36,000 deaths in the U.S. are caused by influenza.

The flu is highly contagious. If a person with the flu coughs, sneezes or even just talks, he or she will send the virus into the air where others can inhale it into their nose or throat. A person with the flu is contagious a day before symptoms start for a period of up to a week. Children are contagious even longer.

If you or a household member falls within any of the following categories, the U.S. Department of Health and Human Services' Center for Disease Control and Prevention recommends that you get a flu shot in October or earlier:

- ◆ People 50 years of age and older
- ◆ Young children from 6 months through 23 months of age
- ◆ Health care workers
- ◆ People with long-term health problems, such as heart disease, lung disease or asthma, and residents of long-term care facilities

Others who want to reduce their chances for getting influenza may wait until November or even December to get their flu shot. The vaccine begins to offer protection two weeks after getting the shot. Influenza season usually peaks between January and March. Influenza viruses change often, so it is important to get vaccinated annually. Before getting vaccinated, talk with your doctor if you have ever had a serious allergic reaction to eggs or to a previous dose of influenza vaccine. *To find out where you can get your flu shot, contact your doctor or health plan. For additional information about flu and the vaccine, visit the Massachusetts of Department Public Health web site: www.mass.gov/dph.*



GIC Q & A Layoffs



- Q) I have been laid off and I have fewer than ten years of full-time service (as determined by my retirement board.) Therefore, I am not eligible for a state pension. Can I continue my health and life insurance coverage?
- A) The GIC recommends that you elect 39-week life and health layoff coverage. At the end of the 39 weeks, you can elect COBRA health coverage for 9 additional months of health coverage, for a total of 18 months permitted by COBRA. You may also continue your coverage with some limitations on time and/or benefit levels in one of the following ways: COBRA for health insurance only, convert to non-group health insurance coverage with current carrier, continue basic life and /or optional life coverage under the portability option (or convert to non-group life insurance with current carrier).
- Q) I am being laid off after ten years of full-time service and am eligible for a state pension (as determined by my retirement board). I am leaving my retirement money in the State's retirement system. May I continue my health and life coverage?
- A) The GIC recommends that you elect Deferred Retirement coverage. Continue at a minimum to keep GIC basic life insurance to ensure your eligibility for GIC health benefits at retirement. At retirement, the Commonwealth will contribute the prevailing contribution percentage for retirees.

Under Deferred Retirement, you have two options, life only coverage, or life and health insurance. If you are getting health coverage elsewhere, at a minimum, the GIC suggests that you keep life insurance, paying 100% of the premium. If you are not getting health coverage elsewhere, keep basic life and health insurance paying 100% of the premiums until retirement.

If you decide not to leave your money in the retirement system, your benefits as a Deferred Retiree end. You may elect to continue your health and life coverage with some limitations on time and/or benefit levels as outlined in the answer for employees with less than 10 years of state service.

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Letters to the Editor



"I believe that a more accurate title for your newsletter would be "For the Commonwealth's Benefit". As required as a condition of continuing our GIC medical coverage (my wife and I) enrolled in (Medicare) Part B and the premium is withheld from our Social Security checks. In the latest issue of "For Your Benefit" we were informed that the Commonwealth no longer has the funds to reimburse us for this expenditure. For the coming year this amounts to a \$1408 reduction in income (*Editor's note: for two people*). According to "For Your Benefit", failure to pay this amount will result in the loss of a retiree's GIC health insurance. What I find particularly upsetting is the fact that this decision was made unilaterally by the Commission and the funds were never included in the Commission's budget proposal. It seems to me the issue of the availability of funds is to be determined by the Legislature and the Governor through the budgetary process and not by the Commission before the fact. It is now clear to me that the Commission views its mission as one of unilaterally reducing payments of benefits, based on its sole perception of the Commonwealth's ability to pay. Accordingly, I resent the assertion through the title "For Your Benefit" that the Commission has any interest (in) my benefit or that of retired state employees."

J. Boyle, Jr., Randolph, MA

Editor's Note: Although we do not expect any retiree to be pleased about the loss of the Medicare Part B reimbursement, we would hope that retirees would understand that those reimbursements were an unusual benefit we were happy to provide when we had the funds to do so. However, we can no longer afford to fund the benefit: total costs of paying your Medicare premium approaches \$30 million a year. Very few other states cover Part B, and we must now, however reluctantly, join those who do not. In the meantime, we hope GIC retirees appreciate

the very comprehensive care they are getting, even though it is at a higher cost.

"Thank you for all the good information in "For Your Benefit". I am very grateful to (the GIC) for making the Express Scripts prescription plan available to retirees. By ordering the generic brand on my prescriptions, I have saved a great deal of money. Thank you again."

E. Musnick, N. Reading, MA

"Thank you for including the "Tips for Healthy Aging" in your summer issue of "For Your Benefit". It is a helpful reference for those of us who continue to mature after 70+. However, there is one tip I would suggest for inclusion and it is one ever so many friends (plus yours truly) are conscious and concerned of – Watch your step and develop a continuing awareness of the potential danger of falling."

W. Adamson, Asheville, NC

Editor's Note: "Watching Your Step" is an important issue. We included this topic in our Summer 2001 issue, which can be downloaded from our web site www.mass.gov/gic. However, the message bears repeating and you will see it included in the managing caregiver stress article in this issue.

"Susan Cooper (the GIC's EAP Coordinator) participated as a presenter at a training for Probation Officers entitled "Recharging Our Batteries." Susan presented ways for the audience of veteran Probation Officers to identify professional and personal stressors as well as ways to effectively handle these stressors and manage change. Her well organized, substantive presentation was filled with useful information and great humor. I look forward to working with Susan again in the near future and have recommended her services to several of my colleagues."

D. Gormley, Chief Probation Officer,
Office of the Commissioner of Probation, Boston.

Smile! Indicators of a Good Dental Visit continued from page 3

Cavities should be filled and sealants should be recommended for children whose back teeth have deep grooves.

- ◆ Feel for abnormalities on the outside of your face, mouth and neck, also looking carefully inside the mouth for signs of oral cancer.
- ◆ Check for pockets around your teeth with a tiny instrument that measures the depth of the space between the tooth and the gum. You and your provider should look for bleeding gums or redness, a sign of gingivitis or the beginning stages of gum disease.

If your dentist finds gum problems, it is very important that you work to improve your home care and eliminate risk factors such as smoking. Treatment will include scaling thoroughly below the gum to remove hardened plaque and bacteria, which are the source of the infection. This may require more than one visit, depending on the severity of your disease. Be sure to thoroughly discuss any treatment plans with your dentist, as well as the cost. Remember that most dental plans have a calendar year maximum. Contact your Plan to better help you prepare for necessary oral treatment and the corresponding expense.

Back to School Health Tips

Backpacks, shoes, lunchboxes, clothes are probably all on your back to school checklist. But, have you done the following for your child's health? If not, be sure to get these items on your to-do list:

Obtain Your Child's Health Report from Your Child's Pediatrician: File the form with the school. If your child's after school care and/or sports require health forms, be sure to have your pediatrician complete the form; photocopy the health form for other sporting or camp needs. Your doctor should document height, weight, blood pressure measurements, vision screening, and developmental and behavioral assessments.

Map Out the Route to School: If your child is walking, walk the route together before school starts, reviewing safety issues, such as remaining on the sidewalks and main roads. Arrange for an older child to walk with your younger child. If your child is taking a bus, review safety rules such as waiting for the bus to stop before leaving the curb or exiting the bus. Make sure your child knows to look both ways for oncoming traffic before crossing the street.

Meet With The School Nurse if Necessary: If your child has a chronic medical condition, such as asthma or diabetes, it is important to discuss your child's medical history and medications with the school nurse or designated school health provider. Provide the nurse with emergency contact and physician information. Ask your doctor for a written action plan including medications to use for symptoms and before exercise. Keep rescue medications like inhalers or Epi-pens at the nurse's office.

Schedule A Dental Check Up: Schedule your child's dental check up and be sure to purchase new toothbrushes twice a year. Look inside your child's mouth. If he or she has any signs of periodontal disease, such as red or swollen gums, bleeding, or persistent bad breath, contact your dentist.

Designate a Homework Area and Homework Time: The homework area can be a table or desk. It should be

free of clutter and away from distractions, such as the television. Be sure the chair is the right height for your child and optimal lighting to avoid back pain and eyestrain. Set aside time each day for homework and check homework to make sure it is completed. If other activities are interfering with homework, consider cutting back, or arranging for homework time at after-school care.



Tackle Weight Issues Effectively: Fifteen percent of children and adolescents age 6 to 19 are severely overweight or obese according to the National Center for Health Statistics. Overweight children are at a higher risk of becoming obese adults. Obesity increases a person's risk for many serious health conditions, such as heart disease, high blood pressure, and colon, breast and stomach cancer. If you think your child is overweight, talk to your pediatrician to find out if your child is in the healthy weight range for his/her height and build. Ask the doctor for informational materials about healthy eating, physical activity, and weight control. If your child is overweight, it is important to engage the entire family in building healthy eating and exercise habits. Always be supportive and assure your child that he or she is loved. If your child is not successful in losing weight, ask the pediatrician for referrals to other professionals, such as registered dietitians and psychologists, who can help.

Food Shop Wisely: Stock up on healthy snacks and lunch items. Be a role model by eating the foods you want your child to eat. Make sure your child has a well-balanced breakfast. Limit soft drinks, chips, cookies and candy.

Get Moving: Discourage or limit inactive pastimes, such as watching television. Instead, find fun activities to enjoy together. Discourage snacking while the TV is on. Children need at least 60 minutes of physical activity a day, but the time doesn't have to be all at once. Set a good example yourself through exercising with them or independently. Before the season starts, talk with your child to find out what sport interests him or her. Participating in sports is both physically and socially beneficial.

News and Reminders

- ◆ Indemnity Plan Members (not PLUS or Medicare Extension OME): If you plan to spend time outside of your home state for four or more consecutive weeks, notify UNICARE by phone or e-mail. They will provide information on how to avoid being balance billed by non-Massachusetts providers. (State law prohibits Massachusetts providers from balance billing.)
- ◆ If you are pregnant, or thinking of getting pregnant, check out the Division of Health Care Finance and Policy's online resource providing hospital and birth center information: types of nursery facilities and their capabilities, hospitals' deliveries by type (vaginal, Cesarean, vaginal births after Cesarean) and anesthesia and pain relief statistics
www.mass.gov/dhcfp/pages/dhcfp155.htm.
- ◆ Research other important hospital information using the GIC's hospital research tool. Go to our web site, click on "Your Health" and the hospital research tool. Follow the instructions and enter *quality* as your password.



The GIC pitches in at the State Retirement Board, counseling prospective retirees about their GIC benefits. The GIC's Judy Settana (left) talks with Linda Morris from the Reading Registry of Motor Vehicle Office.

GIC Q & A Layoffs continued from page 4

- Q) I am being laid off after twenty years of state service (or ten or more years of state service at age 55 or over). How can I continue my health and life coverage with the GIC?
- A) If you have twenty or more years of state service (at any age) or ten or more years of state service at age 55 or over, and retire, you are eligible for retirement coverage. Should you elect not to retire, the GIC recommends that you elect Deferred Retirement coverage (see page 4.)

For comprehensive descriptions for each of these options, as well as forms, visit our web site: www.mass.gov/gic.

Benefit Access

Indemnity & PPO Plans

Commonwealth Indemnity Plan, Commonwealth Indemnity Plan PLUS, Commonwealth Indemnity Medicare Extension (OME) (UNICARE)	1-800-442-9300 www.unicare-cip.com
Commonwealth PPO (Tufts Health Plan)	1-800-870-9488 www.tuftshealthplan.com
Mental Health, Substance Abuse, EAP (UBH)	1-888-610-9039 www.liveandworkwell.com access code: 10910
Prescription Drugs (Express Scripts)	1-877-828-9744 www.express-scripts.com

GIC HMOs

Fallon Community Health Plan, Fallon Senior Plan Preferred	1-800-868-5200 www.fchp.org
Harvard Pilgrim Health Care	1-800-333-4742 www.harvardpilgrim.org
First Seniority	1-800-421-3550
Health New England, Health New England MedRate	1-800-310-2835 www.healthnewengland.com
Neighborhood Health Plan	1-800-462-5449 www.nhp.org
Tufts Health Plan, Tufts Medicare Complement	1-800-870-9488 www.tuftshealthplan.com
Tufts Secure Horizons	1-800-867-2000

Other Benefits

Employee Assistance Program (EAP) Accessed by Managers and Supervisors (UBH)	617-558-3412 www.liveandworkwell.com access code: 10910
Health Care Spending Account (HCSA) Dependent Care Assistance Program (DCAP) (Sentinel Benefits)	1-800-819-9833 www.mass.gov/gic
Long Term Disability (LTD) (CNA)	1-866-847-6343 www.maemployeesltd.com
Life Insurance and AD&D (UNUM Provident)	Call the GIC x801 mass.gov/gic
LifeBalance®	1-800-854-1446 www.lifebalance.net password and ID: lifebalance
Medicare (Federal Program)	1-800-633-4227 www.medicare.gov
State Retirement Board	1-617-367-7770 mass.gov/treasury/srb.htm
GIC Retiree Dental Plan (Altus Dental)	1-800-722-1148 www.altusdental.com
GIC Retiree Vision Discount Plan (Davis Vision)	1-800-783-3594 www.davisvision.com
Dental Benefits for Managers, Legislative and Executive Office Staff only (Delta)	1-800-553-6277 www.deltamass.com
Vision Benefits for Managers, Legislative and Executive Office Staff only (Davis Vision)	1-800-650-2466 www.davisvision.com
Group Insurance Commission	1-617-727-2310 www.mass.gov/gic
TDD/TTY Access	1-617-227-8583

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Dolores L. Mitchell, Executive Director
Cynthia McGrath, Editor

Save On Taxes with GIC Pre-Tax Programs

Open Enrollment November 3-December 12

Open enrollment for the GIC's two pre-tax spending programs takes place November 3 through December 12, 2003 for the 2004 calendar year. These programs can help you save on federal and state income taxes.

Health Care Spending Account (HCSA): helps employees pay out-of-pocket health expenses on a pre-tax basis, lowering taxable income. Expenses must be medically necessary: for example, office visit and prescription drug co-pays, health insurance deductibles, and dental and orthodontia benefits not covered by your dental plan.

Dependent Care Assistance Program (DCAP): helps employees pay for childcare, day camp or nursery school on a pre-tax basis, also lowering your taxable income.

All active employees who are eligible for health benefits

with the GIC are eligible for HCSA. Active state employees who work half-time or more and have employment-related expenses for a dependent child under the age of 13 and/or a disabled adult dependent are eligible for DCAP. There is a monthly pre-tax administrative fee of \$4.50 for participating in either or both programs. As a participant incurs expenses, he/she submits receipts to Sentinel Benefits, the administrator of these plans. Sentinel deposits the reimbursement in a participant's bank account.

Estimate carefully the amount you sign up for, as the Internal Revenue Service requires that any unused funds at plan year-end be forfeited. See the open enrollment materials for HCSA minimum and maximum elective information. Select an annual deduction of up to \$5000 for DCAP. For additional information and applications, see our web site: www.mass.gov/gic. Return completed applications to your Payroll Department by Friday, December 12.

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Providing Massachusetts State Employees, Retirees, and Their Dependents with Access to Quality Care at Reasonable Costs

COMMONWEALTH OF MASSACHUSETTS
GROUP INSURANCE COMMISSION
P.O. BOX 8747 • BOSTON MA 02114-8747